

## UNCLASSIFIED

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RELEASED IN FULL

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SAQMMAD08F4238

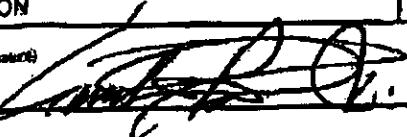
## ORDER FOR SUPPLIES OR SERVICES

IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 04/10/2008	2. CONTRACT NO. (N/A) SAQMMAD08D0051	6. SHIP TO: CA/EX/GSD
3. ORDER NO. SAQMMAD08F4238	4. REQUISITION/REFERENCE NO. AQ 1044805087	5. NAME OF CONSIGNEE GENERAL SRVCS DIV (CA/EX/GSD)
5. ISSUING OFFICE (Address correspondence to) OFFICE OF ACQUISITION MANAGEMENT (AVLMAQM) PO BOX 9115, ROSSLYN STATION US DEPARTMENT OF STATE ARLINGTON, VA 22219		7. STREET ADDRESS 2401 E STREET, NW SA-1, ROOM H1001
CONTACT NAME: Cornelius Pitts		8. CITY WASHINGTON
PHONE: 703-875-6011 EMAIL: PittsC@state.gov		9. STATE DC
10. NAME OF CONTRACTOR Jonathan Barker		11. ZIP CODE 20520
12. COMPANY NAME STANLEY ASSOCIATES INC		13. SHIP VIA
14. STREET ADDRESS 3101 WILSON BLVD STE 700		15. TYPE OF ORDER
		<input type="checkbox"/> a. PURCHASE REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.
		<input checked="" type="checkbox"/> b. DELIVERY — Except for selling instructions on the reverse, this delivery order is subject to instructions contained on this sheet only if info form and is listed subject to the terms and conditions of the above-numbered contract.
16. REQUISITIONING OFFICE GENERAL SRVCS DIV (CA/EX/GSD) 2401 E STREET, NW SA-1, ROOM H1001 WASHINGTON, DC 20520		17. F.O.B. POINT
18. CITY ARLINGTON		19. STATE VA
20. ZIP CODE 22201-4445		21. F.O.B. POINT
22. ACCOUNTING AND APPROPRIATION DATA See Line Items		23. F.O.B. POINT
\$1,000,000.00		24. F.O.B. POINT
25. BUSINESS CLASSIFICATION (Check appropriate box(es))		26. F.O.B. POINT
<input type="checkbox"/> a. SMALL <input checked="" type="checkbox"/> b. OTHER THAN SMALL		<input type="checkbox"/> c. DISADVANTAGED
<input type="checkbox"/> d. WOMEN-OWNED <input type="checkbox"/> e. HUBZone		<input type="checkbox"/> f. SERVICE- DISABLED VETERAN-OWNED
27. PLACE OF		28. GOVERNMENT BA. NO.
29. INSPECTION		30. GOVERNMENT BA. NO.
31. ACCEPTANCE		32. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 05/20/2008
		33. DISCOUNT TERMS 0 Days 0 Days 0 Days 0 Days

## 17. SCHEDULE (See reverse for Rejections)

SEE LINE ITEMS SECTION.

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT	19. GROSS SHIPPING WEIGHT	20. INVOICE NO.	\$1,000,000.00	17B TOTAL (Total Amount)
	21. MAIL INVOICE TO: a. NAME GENERAL SRVCS DIV (CA/EX/GSD)				
b. STREET ADDRESS (or P.O. Box) 2401 E STREET, NW SA-1, ROOM H1001					\$1,000,000.00
c. CITY WASHINGTON		11. STATE DC	12. ZIP CODE 20520	22. NAME (Type) Cornelius Pitts TITLE: CONTRACTING/ORDERING OFFICER	
23. UNITED STATES OF AMERICA BY (Signature) 		OPTIONAL FORM 547 (REV. 3/2005) Prescribed by GSA FAR 46 CFR 53.213(e)			

AUTHORIZED FOR LOCAL REPRODUCTION.  
PREVIOUS EDITION NOT USABLE.UNITED STATES DEPARTMENT OF STATE  
REVIEW AUTHORITY: CHARLES E LAHIGUERA  
DATE/CASE ID: 17 SEP 2010 200702174

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Line Item Summary	Contract Number: SAQMMMA08D0051	Order Number: SAQMMMA08F4236	Title: Base Year Funding Passport Services NPC - Task 2		Total Funding: \$1,000,000.00	Date of Order: 04/10/2008
Line Item No.	Description		Quantity	Unit	Unit Price	Total Cost
	Provide incremental funding in the amount of \$1,000,000.00 to cover services for the period covering March 20, 2008 through March 19, 2009 for Task 2 as follows:					
001	Base Year Funding for Passport Services Domestic Support Contract No. SAQMMMA08D0051, period of performance through March 19, 2009 for Task 2 - National Passport Center Operational Support, CLIN No. 0002  Doc Ref No: 1044805087  Taxes included: Delivery Date (Start to End) Date: 03/20/2008 to 03/19/2009 FOB: Destination:  Funding Information: Accounting Ref: 1044805087 1900 - 2008 - - 19 X0113D006 - CA - 1044 - 4220 - - - - 2589 - - - CAR25L - - - 281588 \$1,000,000.00		1.00	LT	\$1,000,000.00	\$1,000,000.00
	GTM for this effort: Tyrone Shelton					
			Grand Total:		\$1,000,000.00	

## Exhibits and Attachments TOC

Identifier	Title	Date	Number of Pages
1	AO-1044805087-03212008103704849/March 20, amendment to Task 2.pdf	03/21/2008	0

01INV Invoice Instructions

12/21/2007

## Instructions for invoice payment:

Invoice submission is only via the Office of Claims' Commercial Claims Operations fax server, toll-free number: 866-483-3436, unless otherwise indicated. Each invoice must be transmitted separately.

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To constitute a proper invoice, the invoice must include the following information and/or attached documentation:

- (1) Name and Address of Contractor
- (2) Dun and Brad Street Universal Number System (DUNS)
- (3) Date of invoice
- (4) Unique Vendor Invoice Number
- (5) Remittance Contact Information
- (6) Shipping Terms, Ship to Address
- (7) Payment Terms
- (8) Total Quantity of Items
- (9) Total Invoice Amount
- (10) Requisition Number, Contract Number and Order/Award Number, with modification number if applicable.
- (11) Order line item number and information, see below line item information instructions.

The name and DUNS of the contractor on the invoice must match the information indicated on the order/award for proper payment.

**IMPORTANT:** For proper payment, the invoice must detail products and/or services delivered on a line item basis in direct accordance with the corresponding order/award/contract.

Each line item must contain the following information:

- (1) Description of the services rendered for each line item
- (2) Line Item Quantity
- (3) Line Item Unit Price
- (4) Total Line Item Unit Price
- (5) Delivery Date
- (6) Contract Line Item Number (CLIN)
- (7) Order/Award Line Item Number if Invoicing against a task or Delivery Order or Blanket Purchase Agreement (BPA)

Please note that many task or delivery orders against Department of State or CSA contracts or blanket purchase agreements may have a separate and unique line item number in addition to the umbrella Contract Line Item Number (CLIN). The order line item number as well as the umbrella award CLIN must be referenced at each invoice line item level in such cases.

All payment to domestic claims will be disbursed by electronic funds transfer EFT. Vendors who are registered in the Central Contractor Registration (CCR) should verify and re-confirm their financial information in the database prior to invoicing. Vendors who wish to request a waiver of CCR or payment by check must submit their justification to their assigned contracting officer for consideration at least 30 days prior to billing. For vendors who are granted an EFT exception, the payment address on the invoice

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must match the remittance address in the vendor record cited in the award.

Additional correspondence should be addressed to:

Name:

U.S. Department of State

Global Financial Services

Attn: Office of Claims (RM/GFS/F/C)

Charleston Financial Service Center

Mailing Address:

Post Office Box 150008

Charleston, SC 29415-5008.

Telephone Numbers:

Voice: 843-202-3761

Fax: 843-746-0749

Person to Contact: Mike Washington, Office of Claims

Email: WashingtonM@state.gov

Phone: 843-746-3761

To request Payment Status on a Past Due Invoice contact: Office of Claims Customer Service

Email: commercialclaims@state.gov

Phone: 877-704-9473 Toll Free

(End of Clause)

G-003

The Terms and Conditions of the Prompt Payment Act

07/02/2007

The terms and conditions of the Prompt Payment Act (P.L. 97-277 as amended) and OMB Circular A-125 as amended, FOB destination, are applicable to this order. The vendor should expect payment within thirty (30) calendar days after receipt of the vendor's invoice by the Department of State for the purposes of determining a payment due date and the date on which interest will begin to accrue, an invoice shall be deemed to be received on the later of (1) the date a proper invoice is actually received by the Department of State designated billing office, or (2) the seventeenth day after the date on which the property is actually delivered or performance of the services is actually completed.

Issuing Office:

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U.S. Department of State (A/LM/AQM)  
P.O. Box 9115, Rosslyn Station  
Arlington, VA 22219-1115

Z-004 Contact Vendor Claims 07/02/2007

Contract vendor claims, Office of Fiscal Operations, telephone 843-202-3891, on payment problems. Have order number, requisition/reference number, invoice number, invoice date, and amount of invoice available. Requisition/reference number is the four digit allotment and six digit obligation number in Block 4. On payment problems relating to BPA's contact appropriate ordering office first.

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